

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001266

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

FILED JAN 22 1962

Primary Registration District No. 2000

Registrar's No. 76

STATE FILE NUMBER

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Baptist Hospital		d. STREET ADDRESS (If outside, give location) 500 E. Kearney	
3. NAME OF DECEASED (Type or print) First NE IL Middle THORNE Last THORNE		4. DATE OF DEATH Month January Day 13 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9 SEPT. 1919
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sanitary Engineer		10b. KIND OF BUSINESS OR INDUSTRY Municipality	
11. BIRTHPLACE (City and state or country) Texas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Lee Thorne		13b. MOTHER'S MAIDEN NAME Laura Carpenter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW2		17. INFORMANT Address 500 E. Kearney Marian Thorne (Wife) Springfield, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for terminal condition given in PART I (a). DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 1 day	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Absence, Surgical Lung		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION SPRINGFIELD Missouri	
21. I attended the deceased from Sept 57 to Jan 13, 62 and last saw him alive on Jan 5, 62 Death occurred at 8:35 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) E. D. Callaway MD	
22b. ADDRESS SPRINGFIELD Missouri		22c. DATE SIGNED Jan 5, 62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1-15-62	
23c. NAME OF CEMETERY OR CREMATORY LOCAL		23d. LOCATION (City, town, or county) Bonham, Texas	
24. FUNERAL DIRECTOR KLINGNER MORTUARY, INC.		25. DATE RECD. BY LOCAL REG. 1-16-62	
26. REGULAR REGISTRAR'S SIGNATURE Effie S. Meeten		27. SIGNATURE OF EMBALMER Jhc	

(Licensed Embalmer's Statement on Reverse Side)

JAN 23 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Max Rhodes

Licensed Embalmer No. 4071

P. O. Address Spring

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.